



**Testimony of Kevin Lembo, State Healthcare Advocate
Before the Appropriations and Human Services Committees
DSS Primary Care Case Management Pilot Plan
September 24, 2008**

Good morning Senator Harp Representative Merrill, Senator Harris, Representative Villano, Senator Capiello, Representative DelGobbo, Senator Kissel, Representative Gibbons, and members of the Appropriations and Human Services Committees. For the record, I am Kevin Lembo, the State Healthcare Advocate. Our office is an independent state agency with a three-fold mission: assuring managed care consumers have access to medically necessary healthcare; educating consumers about their rights and responsibilities under health insurance plans; and, informing you of problems consumers are facing in accessing care and proposing solutions to those problems.

I submit this testimony in support of the DSS Primary Care Case Management Pilot Plan with some minor modifications that the two committees are permitted to make under Public Act 07-2, the authorizing statute for primary care case management, PCCM, as an option for HUSKY A recipients. First, the plan should start on January 1, 2009. An anticipated start date of January 1, 2009, already nearly one year after the pilot was to be implemented under statute, should be the *actual* start date. Any further delay is tantamount to not offering meaningful choice to enrollees between what appears to be an access-challenged managed care system and access to care for which deference is given to a provider's considered medical judgment in managing patients' care. Ultimately, physicians are in the best position to manage their patients' care; effectively, many have been doing it all along for their patients, and they should be compensated for it. PCCM by itself is a good alternative for HUSKY recipients, but especially now, in a period of a wavering managed care system, we need to offer this meaningful choice of PCCM for recipients.

Our second recommended change to the PCCM Pilot Plan would allow recipients to be offered a choice between managed care and PCCM during the final managed care enrollment period of November 2008. Waiting until December to offer PCCM as an option will discourage enrollment in PCCM as HUSKY members will already have gone through the process of choosing a managed care plan in November. If recipients choose PCCM in November, they could stay in their current plans until January 1, 2009.

The credit for the realization of the PCCM plan goes to the many individuals who spent many months reviewing the work done in other states, coming to a consensus on a good pilot plan for Connecticut and for educating the public and legislators on the chief components of PCCM. Ellen Andrews, the Executive Director of the Connecticut Health Policy Project has advocated for PCCM for years and deserves much of the praise for a

job well done as do legal services advocates, providers around the state and advocacy organizations, including the American Academy of Pediatrics.

In sum, there is no question that enrolling providers in the HUSKY managed care program is a continuing struggle. The PCCM alternative gives providers, who may or may not choose to enroll as providers in the three managed care plans, additional compensation to perform tasks most doctors already perform for their patients. Most importantly, PCCM may yield better outcomes for families on HUSKY A. One thing is certain, with PCCM as a viable alternative HUSKY recipients may indeed have an additional avenue to access medical care. And that is the goal – improving recipients' access to care and their outcomes.

Thank you for considering my testimony.